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CENTRAL FAX CENTER

SEP 16 2005

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number 09/964,390

Filing Date September 28, 2001

First Named Inventor Larry D. Woodring

Art Unit 2642

Examiner Name Q. H. Nguyen

Attorney Docket Number BS01379

## ENCLOSURES

(Check all that apply)

☒ Fee Transmittal Form☒ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation  
Change of correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals  
and Interferences☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):

Remarks:

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)

Bambi Faivre Walters

Reg. No.:

45,197

Signature

*Bambi Faivre Walters*

Date

9/15/05

## CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, MA 22313-1450 on the date shown below.

Name (Print/Type)

Maureen M. Pettine

Date

September 16, 2005

Signature

*Maureen M. Pettine*

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CENTRAL FAX CENTER****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****SEP 16 2005**

**In re application of:** Larry D. Woodring      **Group Art Unit:** 2642  
**Application No.:** 09/964,390      **Examiner:** Q. H. Nguyen  
**Filed:** September 28, 2001  
**Title:** "Systems and Methods for Providing User Profile Information in  
Conjunction with an Enhanced Caller Information System"

**VIA FACSIMILE 571-273-8300**

Attn: Examiner Q. H. Nguyen

**37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the United States  
Patent and Trademark Office on: 09/16/05 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

September 16, 2005

Date of Transmission

**INFORMATION DISCLOSURE STATEMENT**

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark  
Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1).

This Information Disclosure Statement is being submitted after the mailing of a first  
Office Action in this application and therefore, a certification fee is believed to be required  
(37 CFR § 1.97(b)(3)).

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It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Bambi F. Walters  
Attorney for Applicants  
Registration No. 45,197  
P. O. Box 5743  
Williamsburg, VA 23188  
Telephone: 757.253.5729

Date: 9/15/05

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P. 4

SEP 16 2005

# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

|                      |                    |
|----------------------|--------------------|
| Application Number   | 09/964,390         |
| Filing Date          | September 28, 2001 |
| First Named Inventor | Larry D. Woodring  |
| Examiner Name        | Q. H. Nguyen       |
| Art Unit             | 2642               |
| Attorney Docket No.  | BS01379            |

**TOTAL AMOUNT OF PAYMENT** **\$180.00**

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

**The Director is authorized to: (check all that apply)**

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       |          | SEARCH FEES           |          | EXAMINATION FEES      |  | Fees Paid (\$) |
|------------------|-------------|-----------------------|----------|-----------------------|----------|-----------------------|--|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) |  |                |
| Utility          | 300         | 150                   | 500      | 250                   | 200      | 100                   |  |                |
| Design           | 200         | 100                   | 100      | 50                    | 130      | 65                    |  |                |
| Plant            | 200         | 100                   | 300      | 150                   | 160      | 80                    |  |                |
| Reissue          | 300         | 150                   | 500      | 250                   | 600      | 300                   |  |                |
| Provisional      | 200         | 100                   | 0        | 0                     | 0        | 0                     |  |                |

**2. EXCESS CLAIM FEES**

| Fee Description  | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)                              | 50       | 25                    |
| Each independent claim over 3 (including Reissues)                   | 200      | 100                   |
| Multiple dependent claims  | 360      | 180                   |
| <b>Total Claims</b>  |          |                       |
| - 20 or HP =   |          |                       |
| HP=highest number of independent claims paid for, if greater than 3. |          |                       |

|   |                     |                 |                      |
|---|---------------------|-----------------|----------------------|
| <b>Indep. Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| - 3 or HP =   |                     |                 |                      |
| HP=highest number of independent claims paid for, if greater than 3 |                     |                 |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

|                     |                     |                 |                      |
|---------------------|---------------------|-----------------|----------------------|
| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| - 100 =             | / 50                | (round up) x    |                      |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS Fee

Fee Paid (\$)

180.00

**SUBMITTED BY:**

|                   |                  |                                   |        |                          |            |                |
|-------------------|------------------|-----------------------------------|--------|--------------------------|------------|----------------|
| Name (Print/Type) | Bambi F. Walters | Registration No. (Attorney/Agent) | 45,197 | Complete (if applicable) | Telephone: | (757) 253-5729 |
|-------------------|------------------|-----------------------------------|--------|--------------------------|------------|----------------|

Signature

*Bambi F. Walters*

Date

9/15/05

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SEP 16 2005

# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

|                      |                    |
|----------------------|--------------------|
| Application Number   | 09/864,390         |
| Filing Date          | September 28, 2001 |
| First Named Inventor | Larry D. Woodring  |
| Examiner Name        | Q. H. Nguyen       |
| Art Unit             | 2642               |
| Attorney Docket No.  | BS01379            |

**TOTAL AMOUNT OF PAYMENT** \$180.00

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other  
☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

**The Director is authorized to: (check all that apply)**

☒ Charge fee(s) indicated below  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee  
☒ Credit any overpayments

**FEE CALCULATION**

**BASIC FILING, SEARCH, AND EXAMINATION FEES**

| FILING FEES      |          |                       |          | SEARCH FEES           |          | EXAMINATION FEES      |                |
|------------------|----------|-----------------------|----------|-----------------------|----------|-----------------------|----------------|
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility          | 300      | 150                   | 500      | 250                   | 200      | 100                   | _____          |
| Design           | 200      | 100                   | 100      | 50                    | 130      | 65                    | _____          |
| Plant            | 200      | 100                   | 300      | 150                   | 160      | 80                    | _____          |
| Reissue          | 300      | 150                   | 500      | 260                   | 600      | 300                   | _____          |
| Provisional      | 200      | 100                   | 0        | 0                     | 0        | 0                     | _____          |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$)            | Small Entity Fee (\$) |
|--|---------------------|-----------------------|
| Each claim over 20 (including Reissues)            | 50                  | 25                    |
| Each independent claim over 3 (including Reissues) | 200                 | 100                   |
| Multiple dependent claims                          | 360                 | 180                   |
| <b>Total Claims</b>                                | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| _____ - 20 or HP = _____                           | x _____             | <b>Fee Paid (\$)</b>  |
|  |                     | _____                 |

HP=highest number of independent claims paid for, if greater than 3.

| Indep. Claims           | Extra Claims | Fee (\$) | Fee Paid (\$) |
|-------------------------|--------------|----------|---------------|
| _____ - 3 or HP = _____ | x _____      |          | _____         |

HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(a).

| Total Sheets        | Extra Sheets                  | Fee (\$) | Fee Paid (\$) |
|---------------------|-------------------------------|----------|---------------|
| _____ - 100 = _____ | / 50 _____ (round up) x _____ |          | _____         |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS Fee

180.00

**SUBMITTED BY:**

| Name (Print/Type) | Registration No. (Attorney/Agent) | 45,197 | Telephone:     | (757) 253-5729 |
|-------------------|-----------------------------------|--------|----------------|----------------|
| Bambi F. Walters  |                                   |        |                |                |
| Signature         | <i>Bambi F. Walters</i>           | Date   | <i>9/15/05</i> |                |

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